

## **Co-Occurring Disorders & Sadness and Depression**

**EVIDENCE BASED PRACTICES (EBP):** Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

### **Consistency in the Group Setting**

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

### **Psychoeducational Groups and Crisis Event Processing (when requested)**

#### **Notes to Facilitator(s):**

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3<sup>rd</sup> of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

### **Prepare Professionals**

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

## Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

## Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3<sup>rd</sup> of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

## Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:



1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
  2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
  3. Practicing a deep breathing or a stretching exercise, *or*
  4. Sharing of one thing that each person is grateful for today, *or*
  5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
  6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- \* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

## Practice Curriculum/Topic



Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

## Co-Occurring Disorders & Sadness and Depression

### Volume II; Subject Five; Pages: Subject 5-43 – 5-48

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> <li>1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not inter-personal processing or case management questions which do not apply to the entire group.)               <ol style="list-style-type: none"> <li>a. Ask the group members to tell the group their name.</li> <li>b. Welcome any group members who are new to this group or phase.</li> </ol> </li> <li>2. Crisis Processing (when requested and optional):               <ol style="list-style-type: none"> <li>a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan.</li> <li>b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members.</li> </ol> </li> </ol>	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important:</u></p> <p>Sadness is a natural emotion. Unpleasant emotions – even feeling sad, down, or blue – are a part of life. These uncomfortable feelings come and go for all of us, as do positive feelings, such as joy, excitement, and happiness. Sadness is a typical reaction to something happening to us that is unpleasant. It's an appropriate response to loss, disappointments, or setbacks and is limited in its duration. Depression, on the other hand, is a distortion of this same emotion that lingers unless a person receives appropriate treatment.</p> <p>Today, we will talk about sadness, depression, and ways to cope with depression.</p>	5 Minutes 

## Co-Occurring Disorders & Sadness and Depression; Volume II; Subject Five; Pages: Subject 5-43 – 5-48

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame																				
Co-Occurring Disorders and Depression	Subject 5-42 – 5-43	1. Summarize two paragraphs. 2. Explain and discuss the reasons shown below using the information located in the text.	30 Minutes																				
<table><tr><td>1</td><td>SUBSTANCE ABUSE, WITHDRAWAL &amp; “CRASHING”</td><td>6</td><td>RELAPSE &amp; DEPRESSION</td></tr><tr><td>2</td><td>SADNESS FROM JUST BEING IN TREATMENT</td><td>7</td><td>NEGATIVE THINKING</td></tr><tr><td>3</td><td>PROBLEMS &amp; LOSSES FROM PSYCHIATRIC OR SUBSTANCE DISORDERS</td><td>8</td><td>SELF-DEFEATING BEHAVIORS</td></tr><tr><td>4</td><td>DEPRESSION ABOUT GIVING UP ADDICTION</td><td>9</td><td>POOR NUTRITION CREATES DEPRESSION</td></tr><tr><td>5</td><td>SADNESS ABOUT “WRECKAGE OF THE PAST”</td><td></td><td></td></tr></table>			1	SUBSTANCE ABUSE, WITHDRAWAL & “CRASHING”	6	RELAPSE & DEPRESSION	2	SADNESS FROM JUST BEING IN TREATMENT	7	NEGATIVE THINKING	3	PROBLEMS & LOSSES FROM PSYCHIATRIC OR SUBSTANCE DISORDERS	8	SELF-DEFEATING BEHAVIORS	4	DEPRESSION ABOUT GIVING UP ADDICTION	9	POOR NUTRITION CREATES DEPRESSION	5	SADNESS ABOUT “WRECKAGE OF THE PAST”			
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Depressive Disorders Co-Occurring With Substance Disorders	Subject 5-45 – 5-46	Summarize four paragraphs.																					
When Something More Is Needed	Subject 5-46	Summarize brief paragraph.																					
Coping With Depression	Subject 5-46	Summarize four paragraphs.																					
<b>Skill Building Exercise and Discussion - Suggestions for topic discussion:</b>																							
<b><u>To the Group:</u></b> 1. Which reason(s) for sadness and depression do you personally relate to? 2. How do you cope with this sadness? 3. What helps relieve sadness or depression for you personally? 4. Which of these reasons or causes for sadness or depression have you experienced success or progress in managing so far? For example, perhaps you are less sad about just being in treatment? If not yet...what is better?...Less negative thinking? 5. Which one will you focus on improving? How will you do that? For example, “I want to come to terms with just being in treatment.” Others?																							
<b>Break</b>																							
			10 Minutes																				

## Co-Occurring Disorders & Sadness and Depression; Volume II; Subject Five; Pages: Subject 5-43 – 5-48

Psychoeducation Part II: Topics & Focus				Pages & Location		Presentation Suggestions				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Get Busy and Take Action				Subject 5-46 – 5-48		1. Summarize two paragraph. 2. Summarize and discuss the eight suggested activities in the table below. 3. Refer to the explanations of each located in the text.				<div><div></div><div>15 Minutes</div><div></div></div>	<div><div></div><div>20 Minutes</div><div></div></div>
1	EAT	3	WASH	5	DROWN THE NOISE OF HABITUAL NEGATIVITY	7	DEVELOP REALISTIC EXPECTATIONS				
2	MOVE	4	Do SOMETHING	6	GET OUTSIDE OF YOURSELF	8	PACE YOURSELF & BE PATIENT				
Skill Building Exercise and Discussion - Suggestions for topic discussion:											
To the Group: 1. Which of the eight activities (shown in the table above) have you already found to be helpful in lessening sadness or depression – like eating? 2. Which two will you try the next time you are depressed? 3. Once you have picked the two – in order of their priority to you – what’s your specific plan to accomplish that goal? How will you begin? When?											
Skill Building Exercise and Discussion - Suggestions for topic discussion:											
To the Facilitator(s): Recommended INSPIRATIONAL HANDOUT “Here Are Some Helpful Hints On the Care of Depression Monsters” located at the back of Subject Five. 1. Presentation suggestions can include: a. Read the handout to the group, <i>or</i> b. Give a copy of the handout to each group member, <i>or</i> c. Hand a copy to a group member and ask a person to read aloud to the group, <i>or</i> d. Read two paragraphs of the handout, name the major points of the handout shown in the table below, discuss each using the information located in the handout, and read the last paragraph in the handout.											
1	Just sit there.			5	Run away by yourself.		9	Avoid reading any inspirational or helpful material.			
2	Avoid A.A. metings.			6	Think about drinking and drugging.		10	Above all don’t permit any cracks in your armor.			
3	Do not telephone fellow A.A. members.			7	Miss a couple of meals.						
4	Do not pray.			8	Postpone making apologies or other forms of amends.						

## Co-Occurring Disorders & Sadness and Depression; Volume II; Subject Five; Pages: Subject 5-43 – 5-48

Skill Building Exercise and Discussion - Suggestions for topic discussion: continued		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
<p><b><u>To the Facilitators:</u></b> continued</p> <p>2. As time permits use the information on this handout to have some fun.</p> <p>3. This information – while lightening up the mood – gives as much information on how to actually cope with depression, yet in a round about way, as any of the related education in this group.</p> <p>4. Leaving time for as much coverage of this information as possible is recommended for these reasons?</p> <p><b><u>To the Group:</u></b></p> <p>1. What two “<i>Depression Monsters</i>” do you relate to the most?</p> <p>2. How does this contribute to your depression or sadness?</p> <p>3. Are there others you relate to as well?</p> <p>4. Isn’t it interesting how a person can either <i>feed their depression</i> or contribute to <i>lessening their depression</i> through what they <i>think</i> and especially what they <i>do</i>?</p> <p>5. Which “<i>Depression Monster</i>” will you conquer first? Like attending a self-help meeting even when you don’t want to? <i>or</i></p> <p>6. Thinking when I am sad I won’t just sit and think about how horrible it is – I will get busy and do something.</p> <p>7. Way to go! Get after those sneaky little things that feed depression!!</p>		<div>continued</div> <div></div>	<div>continued</div> <div></div>
Crisis Processing		Time-Frame	
<p>1. Ask the group member(s) to tell the group what happened.</p> <p>2. Explore options and/or develop an immediate plan for coping.</p> <p>3. Allow the group to offer support.</p>		10 Minutes	
“Paper Work”		Time-Frame	
Group participants fill out Group Notes.		5 Minutes	
Group Closure		Time-Frame	
<p>1. Read a daily brief meditation for the day, <i>or</i></p> <p>2. Ask each group member to name something they are grateful for today, <i>or</i></p> <p>3. Ask a group member to read aloud an inspirational reading or message of your choice, <i>or</i></p> <p>4. Ask each group member to state specifically how they will start to slay a <i>Depression Monster</i>. For example: What will each person do and when?...Like “I won’t miss meals for the next two days as my beginning step to improving my eating and nutrition.” What else?</p>		5 Minutes	